

**Exhibit B-2**

SERIAL NO. JAB-1669 DOCKET NO. JAB-1669 BY ECC  
 APPLICATION OF R.Stokbroekx et al. MAILED: 10/19/01  
 ENTITLED ANGIOGENESIS INHIBITING 5-SUBSTITUTED-1,2,4-THIADIAZOLYL  
DERIVATIVES

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|---|---|---|
| <input type="checkbox"/> AFFIDAVIT                                    | <input checked="" type="checkbox"/> DECLARATION & | <input type="checkbox"/> EXTENSION OF TIME                      |
| <input checked="" type="checkbox"/> AMENDMENT/PRE. POA                |   | <input type="checkbox"/> NOTICE OF APPEAL                       |
| <input type="checkbox"/> ASSIGNMENT FOR RECORDING/OATH OR             |   | <input type="checkbox"/> DECLARATION                            |
| <input type="checkbox"/> BRIEF  |   | <input type="checkbox"/> POWER OF ATTORNEY                      |
| <input checked="" type="checkbox"/> CHARGE TO DEPOSIT ACCOUNT 10-0750 |   | <input type="checkbox"/> PRELIMINARY STATEMENT                  |
| <input type="checkbox"/> DRAWINGS                                     |   | <input type="checkbox"/> PRIORITY DOCUMENT                      |
| <input type="checkbox"/> ISSUE FEE TRANSMITTAL                        |   | <input type="checkbox"/> STATUS INQUIRY                         |
| <input checked="" type="checkbox"/> LETTER/transmittal                |   | <input checked="" type="checkbox"/> SPECIFICATION <u>21</u> PGS |
| <input type="checkbox"/> PCT FILING                                   |   | <input checked="" type="checkbox"/> CLAIMS <u>17</u>            |
| <input checked="" type="checkbox"/> IDS - FORM - 1449                 |   | <input type="checkbox"/>  |

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ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage <b>S</b>	Delivery Attempt Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In Mo. Day Year	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee	Signature of Addressee or Agent	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees <b>S</b>	X	Name - Please Print <b>X</b>
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No.		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. <small>I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.</small> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday    Customer Signature		
FROM: (PLEASE PRINT) PHONE <b>732-524-2828</b>		TO: (PLEASE PRINT) PHONE <b>                  </b>		
<input checked="" type="checkbox"/> ELLEN CIAMBRONE COLETTI, ESQ. JOHNSON & JOHNSON CORP 1 JOHNSON AND JOHNSON PLZ RUM X3236 WH-3236 NEW BRUNSWICK NJ 08933-0002  <b>JAB-1669</b>		<input type="checkbox"/> ASST. COMMISSIONER OF PATENTS BOX APPLICATION WASHINGTON, D.C. 20231		
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